RI Governor's Commission on Disabilities

Form D 1 . Disability Rights Complaint and Mediation Request

EMPLOYMENT DISCRIMINATION

INSTRUCTIONS

EMPLOYMENT - if you are an employee or an applicant for a job with an agency of the State of Rhode Island, a municipality (city or town), public school district, fire district, other local government agency, business, or non-profit agency and believe you were/are being discriminated against due to a disability, the Commission may be able to assist.

The Commission does not have the authority to order the employer to stop the discrimination. If you complete this form the Commission will contact the employer, attempt to set up meetings between you, the employer and mediators, to allow all the parties to jointly develop a solution to the problem(s).
You should also file an employment discrimination charge with the United States Equal Employment Opportunity Commission; the United States Department of Justice/ Civil Rights Division/ ADA Office; and / or the RI Commission for Human Rights.

If you want the Commission to attempt to resolve your complaint through mediation,
please complete *Part 1.* GENERAL INFORMATION ***on page*** **1**
the Sections of *Part 2.* TYPE OF DISCRIMINATION ***that relates to your case on pages***

also complete *Part 3.* DESCRIPTION ***on page*** **7**
and read and sign *Part 4.* MEDIATION CONSENT ***on page*** **8**

then return it to the: **RI Governor's Commission on Disabilities**
41 Cherry Dale Court
Cranston, RI 02920-3049
and keep a copy of the completed form for you records.

If assistance is needed, due to your disability, in completing this form, the Commission's staff will assist. You may also provide the requested information on an audio cassette instead of filing this form.

RI Governor's Commission on Disabilities

EMPLOYMENT DISABILITY DISCRIMINATION

Part 1. GENERAL INFORMATION (Please Print or Type)

Your Name:				
Mailing Address:				
Phones [include area code if outside RI]:	**Voice #**	**Fax #**	**TTY #** ☐	☑ **if you use a tele-text device(TTY/TDD)**
Home:				
Work:				

Information of the business or agency you are filing against:			
Agency Director's or Administrator's Name:			
Agency Name:			
Address:			
Phone:	Voice:	Fax	TTY
Please specify the date(s) the alleged discrimination took place:			

☑ **Type of employer:**	
☐ State agency	☐ Public school district
☐ Municipal government agency, name the city or town:	
☐ Fire district	☐ Public housing authority
☐ Non-profit agency	☐ Private Business

If you are a member of a union, federal law requires that your union be notified and be invited to participate in the mediation Please provide the name, address and telephone number for your union president:			
President's Name:			
Union Name:			
Address:			
Phone:	Voice:	Fax	TTY
If you requested and/or received assistance from your union in an attempt to resolve your discrimination complaint, please describe the assistance:			
Does the employer know you have a disability? ☑ YES ☐ NO ☐ **(if yes, how did the agency find out: did you complete a self- identification of disability/handicap form; verbally advise a supervisor; etc.)**			

	YES	NO
Are you currently receiving, or have pending, a claim for Workers' Compensation Benefits for an injury related to your employment? ☑	☐	☐
If yes, have you made a request to return to work?	☐	☐
and when?		

Part 2. TYPE OF DISCRIMINATION

Please check off ☑ the most appropriate area(s) relating to the action that was taken against you that you believe was discriminatory.

Section A. ***I was not hired, I believe the discrimination involved:*** ☑

☐ the method of recruiting for jobs (including advertising, outreach, affirmative action, etc.)	☐ asking about a disability (medical condition, physical or mental limitations, worker's compensation history, etc.) on the job application
☐ the method of administering employment exams, that does not allow for accommodations	☐ creating different standards or criteria for selection of job applicants, based on disability
☐ a medical examination or questions about health, disability, workers' compensation, injuries or sickness **BEFORE** being offered the job.	☐ asking about a disability (medical condition, physical or mental limitations, worker's compensation history, etc.) on the job interview

I requested the employer make the **reasonable accommodations** during the interview, or at a job examination, which were not made:

☐ adjusting and/or modifying of exams so the results would reflex my ability to perform job related tasks	☐ adjusting and/or modifying of policies so I could do my job
☐ providing qualified readers	☐ providing qualified interpreters

☐ other reasons the employer refused to hire me. (describe in part D on page).

Section B. ***I am currently employed by the employer listed above, the discrimination involves:*** ☑

☐ a different rate of pay than other employees in the same job and the same years of service	☐ **OR** a change in rate of pay after becoming disabled
☐ a different level of benefits (employer provided: health plan; life insurance; etc.) than other employees in the same job and the same years of service	☐ **OR** change in the level of benefits after becoming disabled
☐ different job assignments than other employees in the same job and the same years of service	☐ **OR** a change in job assignments after becoming disabled
☐ a different job classification or position description (and pay rate) than other employees doing the same job tasks and have the same years of service	☐ **OR** a change in job classification or position description (and pay rate) after becoming disabled

☐ a different sick leave, annual vacation, or leaves of absence policy than other employees in the same job and the same years of service	☐ **OR** a change in sick leave, annual vacation, or leaves of absence policy after becoming disabled
☐ the denial of seniority given to other employees in the same job and the same years of service	☐ **OR** a change in seniority after becoming disabled
☐ the denial of tenure given to other employees in the same job and the same years of service	☐ **OR** a change in tenure after becoming disabled
☐ denial of promotion or upgrading given to other employees in the same job and the same years of service	☐ **OR** a change in promotions after becoming disabled
☐ not being selected for training (including financial support, apprenticeships, professional meetings, conferences, leaves of absence to pursue training)	☐ **OR** no longer being selected for training after becoming disabled
☐ a demotion not given to other employees in the same job whose work is as good as mine	☐ **OR** a demotion after becoming disabled
☐ an involuntary transfer not being forced on other employees in the same job and the same years of service	☐ **OR** a transfer after becoming disabled
☐ being denied the opportunity for transfers being given to other employees in the same job and the same years of service	☐ **OR** the denial of the opportunity to transfer after becoming disabled
☐ the creation of a segregated work environment (just for workers with disabilities)	
☐ different treatment than co-workers in other terms, conditions or privileges of employment (if so, please describe in the space below)	
Section C. ***I was or am now being excluded from (or not able to participate in) employer organized social / recreational event(s) due to:*** ☑	
☐ the physical inaccessibility of the site	☐ not being invited to the event
☐ the lack of interpreters for the deaf	☐ the lack of readers for the blind
☐ the lack of other assistive devices or assistance	☐ other (describe in section D on page)

Section D. ***I have been asked about my disability or medical condition, worker's compensation history or medical information was disclosed:*** ☑	
☐ the disclosure of information from a medical examination or questions about health, medical condition or disability or the severity of my disability to supervisors, managers, co-workers, etc. or the keeping of such information in my personnel file (instead of in a separate confidential file)	☐ being required to undergo a medical examination or be questioned about my health, medical condition or disability or the severity of my disability.
☐ the use of information from a medical examination or questions about health, medical condition or disability or the severity of my disability for any purpose other than to provide a reasonable accommodation that I requested.	☐ the keeping of such information in my personnel file (instead of in a separate confidential file)

Section E. ***I requested my employer make the reasonable accommodations checked below, which were not made:*** ☑	
☐ removing barriers so the work site and/or my work station was more accessible and I could do my job	☐ adjusting, modifying or purchasing equipment or devices to assist me do my job
☐ restructuring my job (including making it a part time position, modifying the work schedule, changing the shift, etc.)	☐ adjusting and/or modifying the training materials so I could participate
☐ adjusting and/or modifying of exams so the results would reflex my ability to perform job related tasks	☐ adjusting and/or modifying of policies so I could do my job
☐ provision of qualified readers	☐ provision of qualified interpreters
☐ reassigning me to a vacant position when I could no longer do my original job and no accommodations were possible.	

Section F. ***I use to be employed by the employer listed above, the discrimination involved:*** ☑	
☐ a termination or discharge from the job not forced on other employees in the same job whose work is as good as mine	☐ **OR** a termination or discharge after becoming disabled
☐ a layoff not given to other employees in the same job whose work is as good as mine and the same years of service	☐ **OR** a layoff after becoming disabled
☐ refusal to return me the right to work from a layoff which was given to other employees in the same job whose work is as good as mine and the same years of service	☐ **OR** the refusal to allow me to return from a layoff after I became disabled
☐ refusal to rehire me, which was given to other employees in the same job whose work is as good as mine and the same years of service	☐ **OR** the refusal to rehire me after I became disabled
☐ refusal to reinstate to the job after an injury or illness	☐ **OR** a termination or discharge after becoming disabled
☐ the use of information from a medical examination or questions about health, medical condition or disability or the severity of my disability for any purpose other than to provide a reasonable accommodation that I requested.	
Section G. ***The discrimination was taken as retaliation for:*** ☑	
☐ filing a complaint	☐ assisting or encouraging others to exercise their rights
or, I was subject to coercion (pressure) to:	
☐ stop me from filing a complaint	☐ get me to withdraw my complaint
☐ stop me from or assisting or encouraging others to exercise their rights	
Section H. ***I am not disabled but due to my relationship (family, etc.) with a person who is disabled, was subjected to discrimination:*** ☑	
☐ I was subjected to discrimination because of my relationship and/or association with an individual with a disability (child, spouse, parent, companion, etc.)	

Part 3. **DESCRIPTION**
Please explain below what action was taken against you that you believe was discriminatory. Were other persons treated differently than you? What harm, if any, was caused to you as a result of that action? **Please include all relevant names and dates. If you have any documents concerning the situation, please attach copies to your statement.**
{Add additional sheets if necessary}

Have you sought any assistance about the action you think was discriminatory from any other government agency, civil rights enforcement agency, or from any other source? (if yes, please indicate) ☑	YES ☐	NO ☐

Name of the source(s) of assistance:			
Address:			
Phone:	Voice:	Fax	TTY
and the result if any:			

RI Governor's Commission on Disabilities

Have you sought the assistance of a lawyer?(if yes please indicate)			**YES**☐	**NO**☐
Name of the lawyer:				
Address:				
Phone:	Voice:	Fax	TTY	
Do you wish to be represented by that lawyer during mediation?			**YES**☐	**NO**☐

Part 4. MEDIATION CONSENT

I understand that the Governor's Commission on Disabilities offers to attempt to quickly resolve disability discrimination complaints through mediation. The Commission will send a copy of this form to the business or agency that I have filed against and urge them to mediate the complaint. The Governor's Commission on Disabilities is not empowered to compel that a business or agency participate in mediation, except a state government agency.

I further understand that I may pursue my complaint before the appropriate state and/or federal civil rights enforcement agency and the federal and state courts, while the Commission attempts to resolve my complaint through mediation. If the mediation is completely successful, the business or agency I have filed against will want any complaints filed with those state or federal civil rights enforcement agencies and/or the state or federal courts withdrawn as part of its settlement of this complaint.

I agree to participate in the Commission's effort to mediate my complaint.

(signature)	(date)

Return it to the: RI Governor's Commission on Disabilities
41 Cherry Dale Court
Cranston, RI 02920-3049
and keep a copy of the completed form for you records.

To be completed by the Governor's Commission on Disabilities	
Received at the Commission on :	
Assigned case #	